

**Drug Policy Advisory Council Meeting
August 9, 2007, Planning Retreat
Minutes**

Voting Council Member Present: Chairman Gary Kendell, Stew Barnes, Dean Austin, Jeanette Bucklew, John Garringer, Paul Stageberg, Robert Mahan, Jane Larkin, Jeff Hughes, Meredith Slaymaker for Chris Wilson, Greg Brugman for Ken Carter, Pam Dettmann

Non-Voting Members Present: Stephen Patrick O'Meara for Deb Scorpiniti, Lt. Joseph Earp for Col Jensen, Stephen Arndt, Julie Muckler for Bill Roach

Staff: Becky Swift; Dale Woolery; Krista Mattson, ODCP Intern

Guests: Syeta Glanton, Office of the Governor; Becky Miles-Polka, Within Reach Consulting, LLC

Welcome and Introductions

Chairman Kendell called the meeting to order at 9:40 a.m. He welcomed the group to the planning retreat. Board Members and guests introduced themselves.

Stew Barnes motioned to approve minutes of May 10. Paul Stageberg seconded the motion, all present were in favor

Chairman Kendell provided an overview of his ideas for next year.

Chairman Kendell introduced Becky Miles-Polka as the facilitator for the planning retreat.

Becky Miles-Polka began with a simple ice breaker and then reviewed the agenda and set ground rules.

Following this, Becky Swift provided a review of the 2006 retreat priorities.

Becky Miles-Polka then asked those present to break into three small groups to discuss priority issues, both legislative and other, for the coming year that would require a collaborative effort. She asked that the group focus on feasible and actionable items. She also asked that each group choose one low cost or no cost action and one outrageous action.

Small Group Priority Discussion

Group 1:

- Supporting law changes to allow for prosecution of minors for constructive possession of alcohol presence in the body - minor/parental involvement (an Iowa

Senator may be planning to introduce legislation on this issue during the upcoming session).

- Better reporting and monitoring of prescription drug abuse – abuse and addiction, emergency room admissions
- Scheduling and criminalization of Salvia divinorum – debunking the perception that it's not a problem due to small number of cases.
- Standardize mental health/substance abuse evaluation at the county level – for court ordered services – process is currently different from county to county – increase consistency between counties – would need state standards, good access to continuing ed and best practices
- Increased frequency of the Iowa Youth Survey and other data collection

Low cost: Using current advocacy efforts to support law changes to allow for prosecution of minors in possession

Outrageous: increased frequency of the Iowa Youth Survey and other data collection

Feasible and Actionable: Better reporting and monitoring of prescription drug abuse - Board of Pharmacy is working on prescription drug monitoring system

Group 2:

- Early identification, intervention (Social Harm)
 - Law enforcement is gateway to the system for many people and by then the problem is bad enough that serious intervention is needed.
 - Why aren't we doing more at the gateway of the street cop
 - Robberies, assaults, domestic calls, child abuse and neglect
- Enhance assessment of the real problem not just the crime - information that the police have is meaningful and valuable to the entire process (Task Force on Race and Detention is looking at this issue)
- Increased supervision
- Integrated holistic approach emphasizing options and consequences – not just penal, blurring of medical and penal treatment models.
- Expand drug courts and drug endangered children (DEC) initiative to each county – use current models for other counties
- Maximize and direct resources using state standards
- Develop local leadership collaboration – multi-disciplinary beyond just substance abuse to include issues like terrorism, child pornography, etc
- Flexibility of funding at the local level

Low Cost: Collaboration of local leadership

Outrageous: Analyze the full pool of funding for flexibility AND increased supervision

Feasible and Actionable: Expansion of Drug Courts and DEC Teams

Group 3:

- Improve Corrections Treatment linkages in the community, collaboration, and resources. Access to treatment is a problem, additional resources
- Co-occurring treatment access
- Treatment and prevention workforce – staff to provide services, co-occurring, salary, training
- Cocaine on and increase, meth declining somewhat – regionalized affecting African American population – (regional prevalence study?)
- Consumption law – under 21 prevention and law enforcement issue (e.g., standardize prosecution of minors in possession, etc.)
- Chronic residential care is under-funded
- Leadership – united voice for policy and funding, larger scale leadership group/steering committee, input from local communities up to develop overall state policy
- Prevention focused on changing community attitudes about underage drinking – binge drinking
- Pseudoephedrine tracking
- Outcome follow-up of treatment programming through improved data collection and integration and implementation of evidence based practices

Low Cost: improving corrections and treatment collaboration at the local level, environmental prevention activities

Outrageous: Put treatment and prevention professionals on the state salary system, data collaboration and actually being able to pull together all the assorted data pieces to measure outcomes and results; Ban alcohol ads during peak TV hours, counter advertising requirement (find out about what's happening at in other states and at the federal level – assess situation)

Feasible and Actionable: Minor in Possession consumption law (see group 1 idea), focus on environmental prevention to change community attitudes (needs to be expanded), pseudo tracking.

Following the report out by each small group the Council broke for lunch and announcements.

Underage Drinking Task Force

Becky Swift gave a brief overview of the State Underage Drinking Task Force and the Surgeon Generals Call to Action to Reduce Underage Drinking. She asked if the Council would serve as in an advisory capacity to the Task Force. Members agreed. The Task Force will update the Council on its progress at the November meeting. Becky said that the Call to Action reinforces the issues that the Task Force had been discussing – it also provides action items. The Task Force will use the Call to Action to develop a three year plan of action.

Date Change

Due to a conflict, the next Council meeting will be held on Thursday, November 1 rather than on Thursday, November 8.

Following lunch, Becky Miles-Polka asked the group to once again get into small groups, encouraging them to rearrange for more diversity within each group, and review the list of issues generated during the morning discussion. They were then asked to choose from that list their top three priority issues.

Small Group Major Priority Discussion – Round 2

Group 1:

- Legislative efforts to reduce underage drinking – increased beer tax, constructive possession law and education
- Pseudoephedrine tracking
- Local leadership collaboration

Group 2

- Reduce Underage drinking
- Full continuum of treatment – juvenile and adult – residential/aftercare and co-occurring disorders
- Prescription drug abuse (monitoring/tracking)

Group 3

- Actively prosecuting possession of alcohol in the body (minors)
- Pseudoephedrine tracking
- Reentry linkages - corrections, substance abuse, mental health

To reduce duplication, following the presentation of each groups list, those issues that were similar were combined.

Combined Major Priority List

- Legislative efforts for underage drinking – beer tax increase, constructive possession law, education, community mobilization
- Pseudoephedrine tracking
- Local Leadership collaborations
- Reentry linkages between corrections, substance abuse, mental health
- Full continuum of treatment
- Prescription drug abuse

Major Priorities

Based on the combined list, Becky Miles-Polka had all present, except ODCP staff, vote on the most feasible projects for next year. Each person had three votes.

Vote Results – top priorities in descending order:

1. Legislative efforts to reduce underage drinking (15)
2. Full continuum of treatment and prevention services (11)
3. Pseudo tracking (10)
4. Leadership collaboration (3)
5. Reentry linkage between corrections, substance abuse and mental health (6)
6. Reducing prescription drug abuse (5)

Following the vote, the group decided to add the reentry linkage between corrections, substance abuse and mental health to the full continuum of treatment and prevention services.

Jeanette asked why the leadership collaboration was so far down on the list when it was number one last year. It was thought to be further down the list either because it's not feasible to do in one year or that it becomes a strategy for executing other priorities.

Prior to moving on, the Council identified issues generated during the days discussion that were Legislative in nature.

Legislative issues:

- Minor in possession consumption law change
- Making Salvia divinorum a Schedule I controlled substance
- Pseudoephedrine tracking
- A funding stream e.g., beer tax funds) that has flexibility, similar to the current Decategorization program, to support prevention, treatment and law enforcement programming – and tying the receipt of funds to positive program outcomes

Additional Issues

Other than the top priorities for next year, council members also grouped many of the additional ideas into two categories, “long term” and “outrageous,” and ranked their importance within these categories.

“Long Term”

1. Develop local leadership collaborations (10)
2. Consistent substance abuse and mental health evaluation at the county level (9)
3. Treatment and prevention workforce issues (7)
4. Increase the frequency of the Iowa Youth Survey(6)
5. Changing community attitudes (2)

“Outrageous”

1. Alcohol ad ban (13)
2. Flexible funding (11)
3. Data collaboration (6)
4. Intensive supervision (3)
5. Examine all funding (1)

The small groups then focused on the top three major priority areas for next year:
<ol style="list-style-type: none">1. Legislative efforts to reduce underage drinking2. The full continuum of treatment and prevention3. Pseudoephedrine tracking

Because pseudoephedrine tracking was introduced during the last legislative session and is already a work in progress the council decided not to devote time to discussing it further at this meeting.

Becky Miles-Polka then asked council members to develop objectives and action steps for each of the two remaining priority areas. Council members chose which of the priorities they wanted to work on and broke into two small groups.

They then presented their plans.

Priorities

1. Legislative efforts for underage drinking

a. Objective 1: Enhancement of Minor in Possession Legislation

i. Action Steps

1. It was recommended that a DPAC consensus letter regarding enhanced legislation be sent from Director Kendell to associations/groups that would be involved in or impacted by this change
2. It was recommended that Director Kendell seek support from various associations and advocacy groups
3. It was recommended that Director Kendell meet with Legislators
4. Contact Michigan to learn more about their MIP law
5. Engage grassroots support

b. Objective 2: Passage of a beer tax increase

ii. Action Steps

1. It was recommended that Director Kendell will seek support from various associations and advocacy groups
2. Engage grassroots support

c. Objective 3: Environmental Strategies

iii. Action Steps

6. Develop “Just Eliminate Lies” like counter marketing campaign targeting alcohol
7. Provide community grants for underage drinking prevention programming
8. Promote “Rethinking Drinking” programs
9. Support time limited alcohol advertising

2. Full continuum of treatment and prevention

a. Objective 1: Educate policy makers/funding bodies regarding the continuum of care (prevention, treatment, aftercare, reentry) for priority deficit gaps: co-occurring disorders and reentry linkages

i. Action Steps: Educate

1. Develop report that documents continuum and the gaps
2. Conduct reentry walk-through

3. Collaborate: key legislators, co-occurring policy academy, judiciary, DHS task forces, law enforcement, ISAPDA
 - ii. Action Steps: Legislation
 1. Propose legislation to address funding resource gaps – treat substance abuse as a medical condition and provide insurance coverage
 2. Propose state funding
 3. Pursue federal block grants
 - iii. Action Steps: Flexible funding – based on evidence-based results
 1. Pilot project – stakeholders to be determined
3. Pseudoephedrine tracking – no continued discussion at this point

As a final step, Becky Miles-Polka asked everyone present to make a commitment to working on one or more of the identified issues. ODCP staff will follow-up with each work group.

Work groups (Director Kendell and ODCP staff will be involved with all of the work groups):

Underage Drinking

- Paul (data)
- Julie M. (legislation)
- Pam
- Dean (IDPH involvement)
- Jane
- Meredith Slaymaker
- Jeff
- Stew

Full continuum of prevention and treatment

- Paul (data)
- Julie M. (legislation)
- Dean (IDPH involvement)
- Jane
- John (as recommended by Meredith)
- Katrina (for DOC)

“Long Term” – Leadership Collaboration

- Jeanette
- Dean
- Jeff

“Outrageous” Action

- Stew

- Dean
- Jane

Other Business

The last formal task the group was asked to do was identify what they liked about the retreat format, and what they would like changed for next year.

Liked:

- Mixing up the small groups after the first round of discussion
- Active participation style
- Briefing about last years priorities at the beginning
- The continuity in the people who attended

Changes:

- Survey of needs/ideas in advance
- More diversity in the small groups
- More pre-work which leads to more action planning at retreat
- Send out progress reports in advance of meetings

Prior to adjourning for the day, Director Kendell distributed beer tax information and thanked the group for attending.

Adjournment

The meeting was adjourned at 3:30 p.m. The next meeting will be held on Thursday, November 1, 2007, 1-3 PM at ODCP, 401 SW 7th Street, Suite N, Des Moines.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Becky Swift". The signature is written in black ink and is positioned above the printed name.

Becky Swift